

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jens PETERSEN

Title: POLYACRYLAMIDE HYDROGEL FOR THE
TREATMENT OF INCONTINENCE AND
VESICOURETAL REFLUX

Appl. No.: 09/938,667

Filing Date: 08/27/2001

Examiner: Blessing Fubara

Art Unit: 1618

Confirmation 2505

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

Claims As Amended	Extra			Additional Rate	\$50.00	=	\$1050.00
	Previously Paid For	Claims Present	x				
Total Claims: 163 - 142 = 21			x				

Independent Claims:	5	-	5	=	0	x \$210.00	=	\$0.00
First presentation of any Multiple Dependent Claims:				+		\$370.00	=	\$0.00
						CLAIMS FEE TOTAL	=	\$1050.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[X] Extension for response filed within the second month:	\$460.00	\$460.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
	EXTENSION FEE TOTAL:	\$460.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1510.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Information Disclosure Statement Fee:	\$180.00
	TOTAL FEE:	\$1690.00

The above-identified fees of \$1690.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 11, 2008

By S.A. Bent

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